BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | KI | 10091 | H/4 |
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| FORMALITY REVIEW | 1/1 | 1.77/3 | 6/2/10 |
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INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here